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Bib Data Sheet

CONFIRMATION NO. 7214

SERIAL NUMBER 09/915,835	FILING DATE 07/26/2001 RULE	CLASS 180	GROUP ART UNIT 3616	ATTORNEY DOCKET NO. 60,472-003
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/221,767 07/31/2000

Yes *Yes*

** FOREIGN APPLICATIONS *****

None *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/08/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 3	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature <i>[Signature]</i>			

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TITLE

System and method for minimizing injury after a loss of control event

FILING FEE RECEIVED 1162	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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